

SSA Quarters of Coverage Verification Procedures for Legal Immigrants

Individuals who are not citizens of the U.S. may be eligible for the Food Stamp Program if their immigration status is one of five classes. (See [Part VII.F.1.](#)) One of the eligible classes requires that the immigrant must be credited with 40 quarters of work. This appendix, in conjunction with the State Verification Exchange System (SVES) User Guide, contains the process for determining the number of qualifying quarters with which a household can be credited.

To determine the number of quarters available to an eligible immigrant household member, the EW must obtain answers to the following questions:

1. How long has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) lived in this country?
2. How many years has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) commuted to work in the U.S. from another country before coming to the U.S. to live, or worked abroad for a U.S. company or in self-employment while a legal resident of the U.S.?

(If the total number of years to both questions is less than 10 years, the agency does not need to ask question 3 because the 40-quarter standard cannot be met.)

3. In how many of the years reported in answer to question 1, did the applicant, the applicant's spouse, or the applicant's parent earn money through work?

(To determine whether the applicant's earnings were sufficient to establish "quarters of coverage" in those years, the agency should refer to the income chart included in this appendix.)

If the answer to question 3 is 10 years or more, the EW must verify, from **USCIS** documents or other documents, the date of entry into the country for the applicant, spouse and/or parent. If the dates are consistent with having 10 or more years of work, an inquiry through SVES must be made.

The applicant must complete the consent form by providing full name, social security number and date of birth of each individual (self, spouse, or parent) whose work history is relevant to the determination of eligibility. In addition, the applicant must provide a release form signed by each such individual, except deceased persons, giving the Social Security Administration (SSA) permission to release information through SVES on that individual to the agency and/or the applicant. The form must be retained in the case file to document the individual's consent. A consent form is valid for 12 months from the time of the signature.

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Information received through SVES will not report earnings for the current year and possibly not the last year's earnings. The household must provide verification of earnings through pay stubs, W-2 forms, tax records, employer records, or other documents, if the quarters of this period are needed to qualify for assistance.

If the household believes the information from SSA is inaccurate or incomplete, beyond the current two-year lag period, the household must be advised to provide the verification to SSA to correct the inaccurate income records.

In evaluating the verification received directly from the household or through SVES, the EW must exclude any quarter, beginning January 1997, in which the person who earned the quarter received benefits from the TANF, SSI, Medicaid or Food Stamp Programs. **This evaluation also includes benefits from the Nutritional Assistance Program from Puerto Rico, the Northern Mariana Islands, or American Samoa.**

In situations when consent to release information through SVES cannot be obtained from a parent or spouse for a reason other than death, information about quarters of coverage must be requested directly from the Social Security Administration. The applicant or EW must complete the Request for Quarters of Coverage (QC) History Based on Relationship form, SSA-513. The form must be completed to specify the period(s) for which the verification is requested. The completed form must be submitted to:

Social Security Administration
P.O. Box 17750
Baltimore, Maryland 21235-0001

When the SSA is unable to determine if a quarter should be allowed, the SVES inquiry will show "Z" or "#" codes. If an applicant cannot meet the 40-quarter minimum without using a questionable quarter, SSA will investigate the questionable quarter(s) and will either confirm or deny the quarter. Form SSA 512, Request to Resolve Questionable Quarters of Coverage (QC), must be used to resolve quarters before 1978. A copy of the SVES report must accompany the completed form. Form 512 must be submitted to the address above to the attention of the Office of Central Records Operations.

For questionable quarters for 1978 or later, the applicant must complete Form SSA-7008, Request for Correction of Earnings. This form is available at local SSA offices. The completed form, annotated on the top with "Welfare Reform", and proof of earnings must be submitted to:

Social Security Administration
Office of Central Records Operations
P.O. Box 17752
Baltimore, Maryland 21235-0001

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Establishing Quarters

The term "quarter" means the 3-calendar-month periods ending with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called "quarters of coverage") are earned by working at a job or as a self-employed individual. A maximum of 4 credits can be earned each year.

Credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	1992	\$570	\$2280
1979	\$260	\$1040	1993	\$590	\$2360
1980	\$290	\$1160	1994	\$620	\$2480
1981	\$310	\$1240	1995	\$630	\$2520
1982	\$340	\$1360	1996	\$640	\$2560
1983	\$370	\$1480	1997	\$670	\$2680
1984	\$390	\$1560	1998	\$700	\$2800
1985	\$410	\$1640	1999	\$740	\$2960
1986	\$440	\$1760	2000	\$780	\$3120
1987	\$460	\$1840	2001	\$830	\$3320
1988	\$470	\$1880	2002	\$870	\$3480
1989	\$500	\$2000	2003	\$890	\$3560
1990	\$520	\$2080	2004	\$900	\$3600
1991	\$540	\$2160	2005	\$920	\$3680

If a current year quarter is included in the computation, use the current year amount as the divisor to determine the number of quarters available.

For quarters earned before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual's net earning from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

Social Security Administration Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

___ Social Security Number
___ Identifying information (includes date and place of birth, parents' names)
___ Monthly Social Security benefit amount
___ Monthly Supplemental Security Income payment amount
___ Information about benefits/payments I received from _____ to _____
___ Information about my Medicare claim/coverage from _____ to _____
 specify) _____
___ Medical records
___ Record(s) from my file (specify) _____

___ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

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Date of Request _____

OMB NO.: 0960-0575

Request for Quarters of Coverage (QC) History Based on Relationship

Complete the information below when requesting QC history for applicants who qualify as spouse or parent(s) to lawfully admitted non-citizen. Mail the form to the Social Security Administration, P.O. Box 17750, Baltimore, MD 21235-0001.

Print

Name: _____, _____ M.I.
Last First

SSN: _____ **Date of Birth:** _____
MM DD YY

Relationship to Applicant: _____

Note: Complete the year column and circle the pertinent quarter(s) for the year. SSA will provide information only for years and quarters you indicate.

QC PATTERN					QC PATTERN				
Year	1st Q	2nd Q	3rd Q	4th Q	Year	1st Q	2nd Q	3rd Q	4th Q
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Agency's Name _____
Agency Address _____

Contact Person _____
Telephone Number _____

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OMB No:0960-0575

Date of Request_____

REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)

Complete the information below when the QC array contains either a (#) pound sign or code "Z" prior to 1978. Mail the form and a copy of the system's printout to the Social Security Administration, P.O. Box 17750, Baltimore, MD 21235-0001.

Print

Name: _____
_____ Last _____ First _____ MI

SSN: _____ - _____ - _____ **Date of Birth:** _____ - _____ - _____
MM DD YY

Request Years

19____, 19____, 19____, 19____, 19____, 19____,
19____, 19____, 19____, 19____, 19____, 19____,

OR

19____ thru 19____ 19____ thru 19____ 19____ thru 19____

State's Name & Address

Contact Person's Name

&

Telephone Number

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.